# BEFORE THE ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

In the Matter of

LANCE J. TEURFS, P.A.-C,

Holder of License No. **1316** for the Performance of Health Care tasks In the State of Arizona.

Board Case No. PA-06-0045A

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

(Letter of Reprimand)

The Arizona Regulatory Board of Physician Assistants ("Board") considered this matter at its public meeting on November 14, 2007. Lance J. Teurfs, P.A., ("Respondent") appeared before the Board with legal counsel Hardy Smith for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-2551(G). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

### FINDINGS OF FACT

- The Board has been delegated by the legislature the regulatory oversight and control of those licensed to perform health care tasks under a physician-dependent relationship in the State of Arizona.
- 2. Respondent is the holder of License No. 1316 for the performance of health care tasks in the State of Arizona.
- 3. The Board initiated case number PA-06-0045A after staff received a complaint against a physician ("Physician") for failure to diagnose and treat Squamous Cell Carcinoma and for failure to review biopsy reports. This physician was not Respondent's supervising physician; rather, Respondent had referred a patient, CB, to this Physician, a specialist. During the course of the investigation regarding Physician, concerns arose regarding Respondent's medical records for CB.
- 4. CB had been seeing Respondent since 1997 for multiple medical conditions, including severely, actinically damaged skin for which CB was prescribed multiple skin creams

and underwent cryotherapy treatment. Between 2004 and 2005, Respondent performed numerous biopsies that came back showing Squamous Cell Carcinoma extending into the margins of the biopsy specimen. Respondent referred CB to a dermatologist in 2004 and gave CB a copy of the biopsy report to take to the dermatologist. CB saw the dermatologist but returned to Respondent because he did not want to go back to the dermatologist. There was no documentation of any discussion between Respondent and the dermatologist. CB was a difficult patient in that, for a period of time, he was not compliant with Respondent's recommendation that he receive treatment from a dermatologist. Instead, CB wanted Respondent to treat his skin lesions.

- 5. In October and December 2004, Respondent performed biopsies which, again showed Squamous Cell Carcinoma. The Outside Medical Consultant ("OMC") who reviewed this case found that Respondent managed all suspicious skin lesions in the same manner with biopsy followed by electrocautery, desiccation and curettage; although, a substantial number of these lesions required re-excision and complete resection.
- 6. In January 2005, CB reported that he was being taken care of by a dermatologist in Tucson; however, in February 2005, he returned to Respondent with an oozing left hand. CB eventually required surgery that included a partial removal of his right upper lip and left upper ear. Additionally, he had surgery on his left hand that included skin grafting to the extensor surface.
- 7. During the several years that Respondent treated CB, the record does not show evidence that he discussed the need for CB to use sunscreen on his damaged skin. Respondent stated that, before he ever saw CB, it was well documented from a prior dermatologist that CB needed to use sunscreen.
- 8. The standard of care requires a physician to aggressively advise a patient with actinic keratoses on the importance of sun protection.

- 9. Respondent deviated from the standard of care by failing to aggressively advise a patient with actinic keratoses on the importance of sun protection.
- 10. The standard of care requires that the following process be followed for identifying and managing skin lesions that may be suspicious for Squamous Cell Carcinoma ("SCC"):
  - a) biopsy to confirm SCC;
  - b) if SCC is confirmed, an excisional biopsy should be performed and sent to pathology;
  - c) if the pathology report indicates borders are not clear, a re-excision should be done to be able to consider MOH's;
  - d) a referral to a specialist should be considered for complicated lesions;
    and,
  - all critical information and pathology reports should be provided to the referral specialist.
- 11. Respondent deviated from the standard of care by failing to follow the process outlined in Finding #10 by managing all of CB's lesions in the same manner.
- 12. CB suffered harm in that he required extensive definitive surgery including left hand surgery requiring skin grafting and partial left upper ear resection and partial removal of the upper lip. Additionally, CB was at risk for metastasis because his cancers were close to the buccal mucosa.
- 13. A physician assistant is required to maintain adequate medical records. An adequate medical record means a legible record containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-2501(2). Respondent's records were inadequate because he

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failed to adequately document discussions with his supervising physician regarding the care of CB. Additionally, Respondent failed to adequately document discussions with the patient regarding the dermatologist and the patient's initial noncompliance while being treated by a dermatologist.

# **CONCLUSIONS OF LAW**

- 1. The Arizona Regulatory Board of Physician Assistants possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.
- 3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-2401(21)(p) ("[f]ailing or refusing to maintain adequate records on a patient;") and A.R.S. § 32-2401(21)(j) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public;").

## ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

#### IT IS HEREBY ORDERED:

Respondent is issued a Letter of Reprimand for failing to advise the patient on the importance of sun protection, failing to properly manage skin lesions that are suspicious for squamous cell carcinoma and inadequate medical records.

#### RIGHT TO PETITION FOR REHEARING AND REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-

1 2 3 4 5 6 7 8 9 10 11 ORIGINAL of the foregoing filed this 12 day of February, 2008 with: 13 Arizona Medical Board 9545 East Doubletree Ranch Road 14 Scottsdale, Arizona 85258 15 Executed copy of the foregoing mailed by U.S. Mail this 16 day of February, 2008, to: 17 Hardy Smith, Esq. 18 Davis House 262 N. Main Avenue 19 Tucson, Arizona 86701-8220 20 Lance J. Teurfs, P.A.-C 21 Address of Record 22 Mis Bongo 23

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103. Service of this order is effective five (5) days after the date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent. Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court. DATED this 2814 day of February, 2008. THE ARIZONA MEDICAL BOARD LISA S. WYNN **Executive Director**